

## Therapy Fee Schedule

Updated 09/01/2006

### Child (0-20 Yrs.)

### Adult (21-99)

HCP	CS	Note	Prog Cov	HP	Modifiers			Unit Price	Max Qty	State Max		Unit Price	Max Qty	State Max
					GN	GO	GP	Child	Child	Child		Adult	Adult	Adult
31579		A	04		Y			135.79	1	135.79		135.79	1	135.79
92506		A	04		Y			13.35	8	106.80		9.25	4	37.00
92507		A	04		Y			13.35	4	53.40		9.25	4	37.00
97001		A	04				Y	13.35	8	106.80		9.25	4	37.00
97003		A	04			Y		13.35	8	106.80		9.25	4	37.00
97110		A	04			Y	Y	13.35	4	53.40		9.25	4	37.00
G0129		B	09	Y		Y		-						
G0151		B	09	Y			Y	-						
G0152		B	09	Y		Y		-						
G0153		B	09	Y	Y			-						
S9128		B	09	Y	Y			-						
S9129		B	09	Y		Y		-						

See next page for Therapy Fee Schedule Key

### **Therapy Fee Schedule Key**

The therapy fee schedule and instructions apply to the following providers:

- \* Physical, Occupational, and Speech therapists billing with their own provider number.
- \* Hospitals billing for salaried Occupational and Speech therapists providing services on site, billing with their fee for service provider number.
- \* Rehabilitation Hospitals billing for salaried Physical, Occupational, and Speech Therapists providing services on site with their hospital number.
- \* Health Departments billing for salaried Physical, Occupational and Speech Therapists on site, with their Health Department number.

**HCPCS:** CPT-4 or HCPCS Procedure Code

**Note:** Special information applies to the code

A: Prior approval is required for adults receiving this service unless the U6 modifier applies.

B: Procedure is only billable on QMB (Qualified Medicare Beneficiary) Only clients – clients eligible for Medicare but not Medicaid.

For further explanation of QMB, refer to Chapter 100 Handbook for Providers, Section 100.4 and 120.12

**Prog Cov:** Program Coverage

04 Medicaid-covered services

09 QMB Qualified Medicare Beneficiary coverage only

**HP:** Hand priced indicator – “Y” indicates the procedure code is hand priced and only payable under QMB.

**Modifiers:** GN - Required when billing Speech Therapy services

GO - Required when billing Occupational Therapy services

GP - Required when billing Physical Therapy services

U6 - Used by all therapies providing services within 60 days of hospital discharge. \*Note: when billing for therapy sessions up to 60 days following hospital discharge, each service must be billed using the specific procedure code along with the U6 modifier and the therapy modifier.

**Unit Price:** The reimbursement rate for 15-minute increments.

**Max Qty:** The maximum number of 15-minute units billable for the procedure code

**State Max:** The maximum allowable amount payable by the dept for the procedure code